



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BRYAN RADIOLOGY ASSOC

PO BOX 5306

BRYAN, TX 77805-5306

Respondent Name

TEXAS A & M UNIVERSITY SYSTEM

Carrier's Austin Representative Box

29

MFDR Tracking Number

M4-12-2560-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The patient gave his health [sic] insurance at the time of service. Proof of filing was attached."

Amount in Dispute: \$765.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The documentation submitted did not support convincing evidence to support the position that this bill was submitted timely to the Workers' Compensation carrier. The requestor only provides the EOBs dated 11/4/11, that came from Health Care Service Corporation, the claimant's health care insurer. The EOBs only reflect that the claimant has not met his deductible and that the requestor did submit to the wrong carrier. The Health Care Service Corporation EOBs are not 'notification' of erroneous submission. The requestor does not provide any evidence of when they were notified of the erroneous submission. The requestor does not provide sufficient documentation to establish a 'notified' date."

Response Submitted by: The Texas A&M University System, 301 Tarrow Street 5th Flr, College Station, TX 77840-7896

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
10/19/2011	72125, 73110, 73080, 70450, 73090	\$765.00	\$0.00
10/20/2011	73090, 73610		

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 02/07/2012

- 29-The time limit for filing has expired.
- 29-Per rule 133.20(b), except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Explanation of benefits dated 02/08/2012

- 29-The time limit for filing has expired.
- 29-Per rule 133.20(b), except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Explanation of benefits dated 04/02/2012

- 29- The time limit for filing has expired.
- 193-The documentation submitted did not support convincing evidence to support the position that this bill was submitted timely to the Workers' Compensation carrier.
- 29- Per rule 133.20(b), except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The requestor states they originally sent bills to the injured employee's health insurance, Blue Cross BlueShield of Texas (BCBS). Review of the requestor's documentation finds copies of BCBS claim details page showing claims were received by BCBS on 10/26/2011. Therefore Texas Labor Code §408.0272 applies to the services in this dispute.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Per Texas Labor Code §408.0272 (c) states, "...a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." No documentation was found to support as to when the requestor was notified by BCBS of their erroneous submission of the claim. Therefore, the Division is unable to determine if the bills were submitted to the correct insurance within 95 days after the date the requestor was notified of their erroneous submission. Therefore, pursuant to Texas Labor Code §408.0272, the requestor in this medical fee dispute has forfeited the right to reimbursement for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	<u>05/02/2012</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.